CHILD PROTECTIVE SERVICES ONGOING STANDARDS

The CPS Ongoing Standards provides a framework for assuring consistency among Wisconsin's county agencies and the Bureau of Milwaukee Child Welfare (herein after, both referred to as the agency) that are responsible for providing child welfare services. While the standards direct the work of agencies and those who work under contract to agencies there is not statutory authority to direct tribal child welfare agencies. The standards should serve as a basis for responsibilities identified under 161 agreements. Tribal agencies are highly encouraged to use the standards as a resource for their own policy development in order to promote quality statewide consistency for ongoing CPS services.

While the standards articulate actions that must be taken and decisions that must be made and documented, they do not mandate the use of a specific intervention approach to ongoing services. There are alternative paths to good practice. Innovation is important to the evolution of change oriented services. The standards are intended to support this process by establishing parameters for ongoing services without dictating a specific clinical approach.

I. ONGOING SERVICES – APPLICABILITY AND REQUIREMENTS

A. Applicability

The requirements of the CPS Ongoing Standards are contained in the boxes of this document.

The ongoing services worker is the individual who is responsible for the management of a case after initial assessment.

Any existing safety plan must continue without interruption during the transfer from initial assessment to ongoing services. Until the case transfer is completed, the initial assessment worker is responsible for managing any safety plan and addressing emergency family needs. Throughout the provision of CPS Ongoing Services the worker must manage, and when appropriate modify, the plan to assure that it is sufficient to provide protection for the child. (For additional information, refer to the Safety Intervention Standards.)

A safe home refers to the required safety intervention outcome that must be achieved in order for a case that involves an unsafe child to be successfully closed. A safe home is a qualified environment and living circumstance that once established can be judged to assure a child's safety and provide a permanent living arrangement. A safe home is qualified by the absence or reduction of threats of severe harm; the presence of parent or caregiver protective capacities; and confidence in consistency and endurance of the conditions that produced the safe home. The term "safe home" is used in the Adoption and Safe Families Act (ASFA) as the objective of CPS intervention.

I.A.1. The CPS Ongoing Standards apply to all cases when, at the conclusion of a CPS Initial Assessment, a decision has been made to provide a family with ongoing child protective services due to threats to child safety or the risk of maltreatment for children. In all instances involving Indian children, the agency must make and document efforts to involve tribal representatives as equal partners in all stages of decision making, unless the tribe issues a letter

stating they want no further involvement.

I.A.2. When the agency makes a decision to provide services to a family for other than child protective services concerns (e.g. prevention), these Standards do not apply.

I.A.3. These standards apply to agencies and individuals that provide ongoing services to families. Staff who provide ongoing services, whether directly by the agency or through a contracted provider, are responsible for the implementation of these standards.

I.A.4. If a child is assessed to be unsafe and the family is not managing these threats to safety and refuses services, the agency must consult with the agency attorney and/or take reasonable action to request a petition so that necessary services can be ordered and provided. At the point of an emergency removal or when an agency is considering requesting a petition on behalf of an Indian child, the agency shall notify the tribe. Documentation of these efforts must be maintained in the case record.

I.A.5. The agency is responsible for assuring adherence to relevant federal laws and regulations; state statutes, administrative rules and standards; and state and agency policies.

The responsibility of agencies is to coordinate the development and provision of services to children and families where abuse or neglect has occurred or is likely to occur is established under s. 48.069(1) and 48.981(3)(c)7., Stats. In addition, the statutes establish the need for agencies to determine which children and families (including guardians and legal custodians) are in need of these services. Staff must then offer to provide these services or arrange for them to be provided. (Ref. s. 48.981(3)(c)3., Stats.)

It is the job of CPS to make social work decisions to protect the safety of children. When the authority of the court is required to provide safety, CPS staff must work collaboratively with the system established in that county for filing petitions with juvenile court. The legal decision to petition the court is the responsibility of the district attorney or corporation counsel. In circumstances where the worker and supervisor are concerned they may lack legal grounds for jurisdiction, the action to request a petition may be fulfilled by a conference with the attorney or a referral to the juvenile court intake worker, depending upon how the county system is organized. The content of the conversation with the attorney should be noted in the case record. There may be a very limited number of cases in which, while the child is assessed to be unsafe, there are clearly no legal grounds for jurisdiction. These instances may be treated as an exception to the standard.

II. RESPONSE TO NEW REPORTS AND SAFETY REASSESSMENT

A. New Reports of Maltreatment while the Family is receiving Ongoing Services

II.A.1. In all instances, if a new report of maltreatment is screened-in, the initial assessment/investigation shall comply with the CPS Access and Investigation Standards as well as relevant state statutes.

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II.A.2. All decisions required in the CPS Investigation Standards must be documented in the case record. Requirements in the CPS Investigation Standards related to interview protocol and content are based on an assumption of little prior knowledge about the family. It is within these areas that exception to the CPS Investigation Standards is most likely to be appropriate.

B. SAFETY REASSESSMENT DURING ONGOING SERVICES

II.B.1. The Ongoing Services worker or other person as designated by the agency shall review and, if necessary, document changes in the safety assessment and plan at each of these points in the case:

- At case transfer.
- Prior to placing a child out of the home unless emergency conditions, as described in s.48.19(1), Stats., are present.
- When conditions in the home that might affect a child's safety change either positively or negatively (e.g., a caregiver moves out of the family).
- When a report of alleged maltreatment is received and screened in on an open case.
- At the conclusion of the family assessment and case plan process.
- At each case progress evaluation.
- For families with an in-home safety plan, prior to disengaging safety services.
- For families with a child in out-of-home care, including placement with a relative, at every six month permanency plan review to determine whether the child can safely return home with an in-home safety plan.
- Prior to returning a child from out-of-home care, under any circumstances.
- Prior to closing the case.

(Note: For additional information, refer to the Safety Intervention Standards).

II.B.2. Supervisory approval, or her/his designee, is required on all safety reassessments and resulting safety plans or modifications to the safety plan.

III. FAMILY INTERACTION FOR CHILDREN IN OUT-OF-HOME CARE

A. Family Interaction Defined

III.A.1. Family interaction is the interpersonal dynamics of the members of a family in a variety of environments and activities. A family interaction plan must include the immediate family which includes, but is not limited to, both parents, legal guardians, Indian custodian, or others in a parenting role, and siblings.

Family interaction includes:

- face-to-face contact,
- telephone calls,

- letters,
- email,
- attendance at routine activities such as counseling sessions, medical appointments, school events and faith related activities.

Whenever possible, face-to-face family interaction is the desirable professional practice. Face-to-face family interaction between parents or those in parenting roles and their children in placement is critical. Seeing the parent during family interaction, for example, reduces the child's fantasies and fears of "bad things" happening to the parent, and can often help older children eliminate self-blame for the placement. Additionally, face-to-face family interaction communicates the agency's belief in the family as important to the child and to the worker, which further supports family involvement and timely reunification.

Although face-to-face family interaction is preferred, there may be times when it is not in the child's best interest or is not feasible.

B. Initial Family Interaction

The initial family interaction plan is necessary until a more thorough interaction plan is developed.

III.B.1. If a child is placed in out-of-home care during the provision of CPS Ongoing Services, face-to-face family interaction must occur within five (5) working days of the child(ren)'s placement. The agency is responsible for assuring that family interaction occurs.

III.B.2. The initial family interaction plan shall be developed by the agency worker after consultation with the immediate family and, as appropriate, relatives and the out-of-home care provider. The plan shall include:
1. Frequency and location of the face-to-face interaction.
2. Transportation.
3. Who will be present during family interaction.
4. Arrangements for monitoring or supervision, if needed.

III.B.3. Before face-to-face family interaction is implemented, the agency worker must assess if there are present or impending danger threats to child safety. The agency worker must also assess for current or prior domestic violence in the relationships of the adults involved in the case. If present, the agency shall consider a plan for supervised family interaction.

III.B.4. In the absence of a court order or documented concerns for child safety or the safety of other family members, the agency must consider a plan for unsupervised family interaction.

III.B.5. The initial family interaction plan shall be documented in a case note in the family's case record.

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IV. FAMILY ASSESSMENT AND CASE PLAN PROCESS

The family assessment and case planning process begins at the point that a case is transferred to CPS Ongoing Services and builds upon the information obtained and the decisions made during the initial assessment. The family assessment is based on specific information about a family related to safety, risk of maltreatment, and parent/caregiver protective capacities. This process further explores with the family the safety and risk issues identified during the initial assessment to understand how these are occurring in the home to begin developing the case plan. During the family assessment and case planning process the ongoing worker builds a partnership with the family in order to identify, raise awareness, and seek agreement with parents/caregivers about what needs to change related to controlling or eliminating threats to child safety, enhancing parent/caregiver protective capacities, and reducing risk .

A. Initial Contact with the Family

IV.A.1. The Ongoing Services worker must have face-to-face contact with the child(ren) and individuals in a parenting role within seven (7) working days from the initiation of ongoing service unless a safety plan requires more immediate contact.

IV.A.2. During the initial contacts with the family, the Ongoing Services worker must assess whether the identified threats to safety are still in effect, whether the child is being kept safe by the least intrusive means possible, and whether the safety services in place are effectively controlling those threats. When appropriate, the safety plan must be modified.

The initial contacts with the family introduce the Ongoing Services worker, the changing role of the agency, and the family assessment and treatment process that is to follow. It may be advisable to schedule this first meeting with the entire family, whenever that is possible. In families where domestic violence has been identified or is suspected, scheduling family or couple meetings may jeopardize the safety of a family member. Family members should be met with individually in these instances. In agencies that transfer the case at this point, it is helpful to include the initial assessment worker in this meeting to facilitate the transfer unless that worker's presence would be detrimental to initiating a partnership between the new worker and the family. Whenever possible, this meeting should take place in the family home.

The period immediately following the initiation of ongoing services will be referred to within this document as family engagement and assessment. The family engagement and assessment process builds on the information from the initial assessment/investigation. Through this process, the Ongoing Services worker develops a more thorough understanding of the values and strengths of the family, as well as the problems, and the function these behaviors serve. The family, in turn, develops an enhanced understanding of the impact of that these behaviors and conditions have on their capacity to protect their children and provide a safe environment for them.

B. Family Assessment Process

The initial assessment process identifies problems in a family system that result in threats to child safety and risk concerns. The family assessment is a focused study of those concerns identified at initial assessment to understand how safety threats occur within the family and includes an understanding of any new information gathered during ongoing services impacting child safety. Based on this assessment, case planning is focused on identifying specific parent/caregiver protective capacities associated with each threat to child safety. The family assessment results in an individualized case plan that addresses the capacity of parent/caregivers to sufficiently meet the need of their child and assure protection

The family assessment process requires full family participation in order to understand the family's perceptions and engage parents/caregivers in a collaborative partnership for change. The family assessment process must be conducted with an understanding of the family's cultural identification, customs, and point of view.

The assessment must identify and document critical issues identified as threatening child safety and contributing to the risk of maltreatment. The strengths and needs of the family must also be addressed in the case plan as they relate to child safety, permanency, and well-being. There are three areas to assess: 1) Child Functioning, 2) Parent/Caregiver Protective Capacities, and 3) Family Functioning including family supports.

IV.B.1. Child Functioning. This area of assessment focuses on resolving issues identified in the initial assessment process. The ongoing services worker must consider the child's:

- ability to protect himself/herself
- ability to communicate with others
- ability to access a support system
- emotions and temperament
- peer relationships
- school performance
- physical/behavioral/mental health
- cognitive/developmental functioning

IV.B.2. Parent/Caregiver Protective Capacities: Adult Functioning and Parenting Practices. For this area of assessment, the ongoing services worker must consider how adult functioning impacts parenting practices to resolve the issues identified in the initial assessment process. (See **Ongoing Appendix 1** for additional reference information). The following behavioral, cognitive, and emotional protective capacities are areas of assessment that the ongoing services worker must consider:

- attitudes regarding changing the conditions which threaten child safety and contribute

to risk of maltreatment and the implications for meaningful participation in services
- ability of the parent/caregiver to control and manage their impulsive behavior
- ability of the parent/caregiver to perceive reality accurately and is self-aware as a caregiver
- ability of the parent/caregiver to meet their emotional needs in ways that are appropriate and positive
- ability of the parent/caregiver to understand their protective role and articulate and implement a plan to protect their child (e.g. physical and emotional)
- ability of the parent/caregiver to set aside their needs for those of their child
- skills the parent/caregiver possesses that could be transferred to parenting
- stressors in the parent's/caregiver's life that impacts on their energy level and capacity to parent
- ability of the parent/caregiver to be adaptive and assertive
- limitations (e.g. limited physical or intellectual capacity)
- ability to set age and developmentally appropriate standards and expectations for child's behavior and enforce limits
- ability to consistently meet the child's basic needs (e.g. food/nutrition, hygiene, health, shelter, education)
- ability to supervise the child's activities to prevent harm.
- level of attachment to child and capacity to meet the child's need for attachment
- ability to encourage the child's development and meet the child's developmental needs.

IV.B.3**.** Family Functioning including family supports

In terms of family functioning, the following are areas of assessment that the ongoing services worker must consider to resolve the issues identified during the initial assessment process. The degree to which:

- family relationships are stable and mutually supportive
- the family manages the household
- the family manages financial resources
- the family demonstrates effective coping and problem-solving skills
- the family support systems encourage safe and stable family functioning
- the family is able and willing to access formal and informal resources

When children are identified as unsafe, the ability to create safe homes exists within the family. Necessary change and sustainable change in caregivers and children are more likely to occur when families are involved, invested and able to maintain self-determination and personal choice. Family agreement with needed change is assertively pursued during the family assessment process. Case plans that are created as a result of the assessment process are intended to be collaborative change strategies and are specifically tailored to the uniqueness of each family.

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When developing case goals with the family, the Ongoing Services worker and family share their understanding of the dynamics which threaten child safety and contribute to risk of maltreatment. The strengths the family brings to the change process are used to develop a case plan that outlines what must change and be achieved by the family for a safe and permanent home.

C. Family Case Plan Content

The case plan flows from the family engagement and assessment process. The family assessment is designed to produce case plans that address child safety and risk of maltreatment by enhancing diminished parental protective capacities which, in turn, will eliminate or reduce impending danger threats to the point where a family can adequately manage the protection of their children. Strengths identified in the family assessment that will enhance the parents/caregivers protective role must be used in the case plan.

IV.C.1. The case plan must include:

1. Goals developed from the three (3) areas of study from the Family Assessment: Child Functioning, Parent/Caregiver Protective Capacities, and Family Functioning. Goals, developed with the family, must be specific, behavioral, and measurable with a focus on enhancing child safety and permanency and parent/caregiver protective capacities.

2. Identified services and specified roles and responsibilities of providers, family members, and the ongoing services worker to assist the family in achieving the identified goals.

IV.C.2. When the family has an out-of-home or in-home safety plan, the first priority for case planning must be reducing the threats to child safety and enhancing the protective capacities of parents/caregivers so that the family can assure child safety without CPS intervention.

To create a safe home for a child, ongoing CPS relies on the simultaneous use of the safety plan and the case plan. The safety plan controls and prohibits threatening behavior from having an effect on a child (i.e., assuring that a child is not left unsupervised) while the case plan changes and/or enhances a parent/caregiver's protective capacity characteristics associated with the impending danger (i.e., caregiver demonstrates impulse control, appropriately recognizes child's needs and limitations, etc.).

D. Requirements for Court Involved Cases

IV.D.1. In all cases where there is an order by the court that a child is in need of protection or services, the Ongoing Services worker must comply with the requirements of Chapter 48 of the Wisconsin State Statutes and in cases involving Indian Children, the Indian Child Welfare Act.

IV.D.2. In all cases where there is a court order placing a child in out-of-home care, the ongoing service worker must comply with s. 48.38, Wisc., Stats., any applicable administrative rules

related to reasonable efforts and permanency planning, and in cases involving Indian Children, active efforts as per the Indian Child Welfare Act.

IV.D.3. For youth age 15 or older who have been in out-of-home care for at least six (6) months, the record must contain an individualized independent living plan. In addition, for youth aging out of care, a transition plan is necessary to assist youth into independent living.

E. Family Assessment and Case Plan Timeframe and Documentation

IV.E.1. The family assessment and case plan must be documented and approved by a supervisor (or her/his designee) in the case record within sixty (60) calendar days after the initiation of ongoing services. The conclusions of the family assessment must be discussed with the family.

V. FACE-TO-FACE CONTACT THROUGHOUT ONGOING SERVICES PROVISION

A. Face-to-Face Contact Requirements

V.A.1. The agency must assure that child(ren) and individuals in a parenting role (excluding out-of-home care providers) have monthly face-to-face contact with an individual (Ongoing Services worker, contract agency, or Tribal social worker) unless the safety plan requires more frequent contact.

V.A.2. In cases where someone other than the Ongoing Services worker is providing face-to-face contact, that individual must have information from the safety plan, family assessment, and case plan and must have a thorough understanding of their role with the family.

V.A.3. The Ongoing Services worker is responsible for managing the safety, case, and permanency plans. In cases where someone other than the Ongoing Services worker is providing face-to-face contact, the individual must provide monthly communication to the Ongoing Services worker regarding child safety, and progress on the case plan. The agency must be notified immediately in situations where threats to child safety have been identified.

V.A.4. If the child resides in a placement more than 60 miles from their residence, face-to-face contact can be quarterly if the placement facility or another agency or contract worker (e.g., licensing worker, residential staff, treatment foster care worker, etc.) is maintaining at least monthly face-to-face contact with the child.

V.A.5. If joint (courtesy) supervision is requested; the Ongoing Services worker must maintain monthly contact with the child until joint (courtesy) supervision is established. Once joint (courtesy) supervision has been established, all requirements of this Standard apply to both

agencies. The agencies involved must determine the specifics of who will provide what services and how communication between agencies will occur.

V.A.6. The requirements of this Standard must be documented in the case record.

VI. MAINTAINING FAMILY INTERACTION

A. The Family Interaction Plan

VI.A.1. When a child is in out-of-home care, the agency shall, no later than 60 days after placement, establish and document a family interaction plan that outlines the anticipated interaction for the child with their parents, siblings, and other identified participants. The interaction plan shall be developed by agency staff with the involvement of family members, including children who are able to contribute to the process, as well as the out-of-home care provider and other participants identified by the family and/or agency.

VI.A.2. the interaction plan shall be documented in the case record and shall, at a minimum, address the following information:

- A description of the parent's responsibilities to: 1) arrange/confirm visits with the agency worker, 2) plan and prepare activities for family interaction, and 3) assist their child with the transition at the conclusion of family interaction.
- How any necessary transportation will take place and who is responsible for the transportation.
- Any barriers that must be addressed by the agency to assure that family interactions occur on a regular basis.

Family interaction plans should change over time depending on considerations of safety, permanency, and well-being. When reunification is the goal, face-to-face family interaction should become less restrictive (supervised, if appropriate; to decreasing levels of supervision; to unsupervised contact), increase in length, and support parents in enhancing their protective capacities. When reunification is no longer the permanence goal, family interaction does not end. Unless parental rights are terminated or family interaction has been prohibited by court order, parents and children have the right to interact. However, consideration should be given to the impact of less frequent or discontinued contact between the child and family on the child's emotional well-being, needs for attachment, stability, and sense of security.

When consistent family interaction does not occur it is imperative that the agency worker meet with the parent to identify any barriers and in consultation with their supervisor, make necessary revisions to the plan. If a parent continues to fail to interact with their child after revisions are made, parents should be advised that repeated failure to interact with their child according to the

family interaction plan could be considered a demonstration of a lack of parental concern for the child.

B. Frequency of Family Interaction

VI.B.1. The agency shall make reasonable/active efforts to facilitate face-to-face family interaction based upon the child's developmental needs; however, it must occur no less than weekly.

VI.B.2. Additionally, children shall have other family interaction (e.g., telephone calls, letters, etc.) with their parents at least weekly.

Weekly interaction should be viewed as the minimum standard. However, best practice standards indicate the following:

If an attachment bond is to be maintained between parents and their children in out-of-home care, family interaction needs to be frequent. Children between the ages of 0-5, for example, should have contact with their parents 3-5 times a week, if the plan is reunification. As a best practice guideline, the frequency of family interaction between parents and their children in out-of-home care should correspond with the child's wishes, age, developmental level, and should be consistent with the child's case plan and permanence goals.

C. Location of Face-to-Face Family Interaction

VI.C.1. Primary consideration must be given to face-to-face family interaction occurring in settings that encourage the most natural interaction between family members while minimizing any threats to safety that may exist to the children or other participants.

The optimum environment for face-to-face family interaction is in the home of the child's parent, if it is a safe environment for all participants. When this cannot occur, interaction should occur in the most natural setting as possible such as the home of the out-of-home care provider.

D. Family Interaction with Siblings

Every effort must be made to place siblings together; however, sometimes this is not possible. Sibling interactions provide an opportunity for siblings to build or maintain family relationships.

VI.D.1. When siblings are not seeing each other as a part of the family interaction plan, the following requirements apply:

1. Sibling face-to-face interaction must occur, at a minimum, once per month.
2. Facilitation of sibling face-to-face interaction is the responsibility of the agency worker.
3. Additional family interactions between siblings must be encouraged, such as contact by telephone, letters, and email.

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E. Decreasing or Suspending Family Interaction

VI.E.1. Family interaction can only be prohibited by the agency if a court finds that continued contact is not in child's best interests.

VI.E.2. Family interaction can be decreased or suspended if there is evidence that the contact is contrary to the safety of the child (ren) and this information is documented in the case record.

VI.E.3. Family interaction cannot be used as a punishment, reward, or threat for a child.

VI.E.4. The agency cannot restrict or suspend family interaction as a means to control or punish a parent for failure to work with agency or community providers or to comply with conditions of the case or permanency plan.

VI.E.5. The out-of-home care provider cannot prohibit family interaction.

Note: Incarceration or institutionalization does not within itself constitute a ground for prohibiting or canceling face-to-face family interaction.

F. Documentation Requirements for Family Interaction

VI.F.1. The initial family interaction plan shall be documented on a case note in the family's case record.

VI.F.2. The family interaction plan must be documented in the case record. As a part of formal safety reassessment throughout the provision of ongoing services, the plan for continuing family interaction must be addressed and documented in the comments section of the Safety Assessment. Note: The plan for Family Interaction must be included in the permanency plan.

VI.F.3. The occurrence of both supervised and unsupervised face-to-face family interactions must be documented on a case note in the family's case record.

VI.F.4. The occurrence of both supervised and unsupervised sibling face-to-face interactions must be documented on a case note in the family's case record.

VI.F.5. Any changes in the family interaction plan shall be documented in the family's case record.

VI.F.6. If the agency is unable to fulfill these responsibilities due to client unavailability, lack of cooperation, or refusal, the circumstances must be documented on a case note in the family's case record.

VI.F.7. Any exceptions to the requirements of this policy must be approved by a supervisor and documented in the family's case record.

VII. CASE PROGRESS EVALUATION

Whether the agency provides services directly, contracts for services or coordinates service delivery from community providers, the primary focus for the Ongoing Services worker must be to evaluate progress toward assuring a safe home for children. During this evaluation, the worker must discuss with the family their assessment of progress toward achieving goals and the appropriateness of the services.

VIIA.1. Purposes

The purposes of the case progress evaluation are to:

- assess the progress made toward enhancing parent/caregiver protective capacities and achieving a safe home,
- identify family strengths that can be used in achieving case goals,
- identify any barriers towards achieving case goals,
- assure that the goals in the safety and case plan continue to be sufficient based on current family conditions, and
- determine the appropriateness of services and providers.

B. Criteria

VII.B.1**.** Based on the information gathered, the Ongoing Services worker is responsible for updating the case plan, as needed, based on the following:

1. The family's progress in establishing a safe home and reducing the risk of maltreatment,
2. The level of progress toward achieving goals contained in the case plan,
3. The family's understanding of the need for CPS involvement and the nature of family member's motivation for change,
4. The extent to which a positive support network is present and is being used, and
5. Whether the case progress evaluation indicates it is appropriate to close the case.

VII.B.2. In families that currently have an in-home safety plan in place:

- Whether the current safety plan is appropriate or needs to be revised or closed, based on progress in achieving goals or other conditions changing in the home.

VII.B.3 In families that currently have an out-of-home safety plan in place:

- Whether the current placement continues to meet the child's safety, service and treatment needs.
- Whether the child could safely return home with an in-home safety plan.
- Whether the family interaction plan should be revised.

- Whether changes in the permanency plan are needed.

C. Contacts for Case Progress Evaluation

VII.C.1**.** The Ongoing Services worker responsible for the case evaluation must contact and consider information from:

- For Indian children, the appropriate tribe.
- Any family member represented in the case plan.
- Any service provider (formal or informal) included in a safety plan or case plan.
- Any other individual who participated in the development or revision of the safety plan or case plan.

The preferred practice for case progress evaluation, under any circumstances, is a meeting of family members and service providers. If the case plan or safety plan includes informal services or natural supports, those individuals should be included in the case progress evaluation meeting as well. When arranging such a meeting, the Ongoing Services worker must obtain any releases required and allowed by confidentiality provisions. The Ongoing Services worker should not disclose any information that requires release or request such information from providers or collaterals until release has been obtained or the court has authorized release. Such a meeting encourages an exchange of ideas and provides a forum for all concerned individuals to better understand each other's point of view. A meeting of all involved parties encourages a problem solving approach to issues identified at case progress evaluation.

Whatever the means for gathering information for case progress evaluation, it is important that family members be involved to the greatest extent possible in evaluating progress toward goals and the appropriateness of goals, services and providers.

D. Additional Requirements When the Child is in Out-of Home Care

VII.D.1. When a child is in out-of-home care, the case progress evaluation process with parents must include discussion of the possible outcomes of the child's placement and the best possible alternative if the child cannot return home.

VII.D.2. In all cases when an Indian child is placed in out-of-home care and the jurisdiction remains with the agency; the tribe must be notified of any change in the permanence goal.

VII.D.3. If the child is placed with a relative and the child cannot return home, the ongoing service worker must explore options (such as transfer of guardianship or relative adoption) to make the placement with the relative a permanent one.

When a child is in out-of-home care, case progress evaluation requires a specific focus on and documentation of permanency planning. Discussion of the importance of permanence for children, the potential negative effects of out-of-home placement, and the emphasis on reunification begins at the time of placement and be continues through the case process. The

case progress evaluation process includes a specific focus on these issues and documentation of the content and results of that discussion.

E. Case Progress Evaluation Timeframes and Documentation

VII.E.1. In cases where there is an in-home safety plan or a child is placed in out-of-home care, a thorough case progress evaluation must be completed every 90 days after the development of the case plan and every 90 days thereafter. For all other CPS cases a thorough case progress evaluation must be completed within six months after the development of the case plan and every six months thereafter.

VII.E.2. The case progress evaluation must be documented in the case record and include the following:

- All information related to the criteria and requirements of VII. of this Standard.
- All contacts, as required, including the dates, duration, and type of contact, the participants(s) involved in the contact and a summary of the results of the contact.
- Any resulting revisions of the safety plan, case plan, permanency plan, or family interaction plan.

VII.E.3. Supervisory approval, or her/his designee, is required on all case progress evaluations.

VIII. CASE CLOSURE PROCESS

Planned case closure follows naturally from a case progress evaluation which indicates family stability in keeping children safe and reducing the risk of subsequent maltreatment. The Ongoing Services worker should begin the process of case closure immediately following the case progress evaluation that indicates case closure is appropriate.

A. Decisions for Case Closure

VIII.A.1. Ongoing child protective services to the family must be closed when the case progress evaluation indicates that:

- identified threats to child safety have been eliminated or are being successfully managed by the family and/or support network. Parents (and others) must behaviorally demonstrate their capacity to protect the child over time, or
- the family refuses services and no jurisdiction exists for ordering services through the court.

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B. Case Closure Timeframe and Requirements for Face-to Face Contact

VIII.B.1. Prior to case closure, the Ongoing Services worker must have face-to-face contact with family members to:

- discuss their progress in keeping their children safe and reducing the risk of subsequent maltreatment,
- assist the family in developing a plan to meet family needs after agency involvement ends, and
- refer the family to community services, when appropriate.

C. Case Closure Documentation

VIII.C.1. Documentation at planned closure must include:

- A reassessment of child safety including a description of enhanced parental protective capacities.
- The face-to-face closure process with family members.
- A description of the family's level of achievement of identified goals, overall functioning, and support system.

IX. EXCEPTIONS

IX.A. The following exceptions must be documented in the case record:

- When a decision is made to not open a case that is a required in this Standard. The basis for this decision must be reviewed and approved by a supervisor and must be documented in the case record. This exception cannot include failing to attempt to open any case in which a child is assessed to be unsafe and the family is not managing the threats to child safety.

- When there are clearly no legal grounds to petition the court after a child is assessed to be unsafe and the parents/caregivers refuse services. This information must be reviewed and approved by a supervisor and must be documented in the case record.

- Any exception to the requirements the CPS Ongoing Standards must be approved by a supervisor and documented in the case record. Exceptions cannot be made to requirements of state statutes, administrative rules, or federal laws or rules.

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Ongoing Appendix 1

PARENT/CAREGIVER PROTECTIVE CAPACITIES

The following parental protective capacity areas of assessment are related to personal and parenting behavior, cognitive and emotional characteristics that specifically and directly can be associated with being protective to one's children. Protective capacities are personal qualities or characteristics that contribute to vigilant child protection. They are "strengths" that are specifically associated with one's ability to perform effectively as a parent in order to provide and assure a consistently safe environment.

Assessment of a parent/caregiver's capacity to protect a child begins with identifying and understanding how specific safety threats are occurring within the family system. At this point in the case process a worker determines what specific protective capacities are associated with the threats to child safety. The following definitions and examples should be used as a tool in assisting a worker in identifying the specific protective capacities that must be enhanced.

Children are unsafe because of threats to safety. Threats to safety occur when a parent/caregiver's protective capacities are diminished. Together, the worker and family identify strategies to enhance their capacity to provide protection for their child. For ongoing CPS there are three questions to answer which will then direct case planning:

- what is the reason for CPS involvement (safety threats)?
- what must change (protective capacities associated with identified safety threats)?
- how do we get there (case plan directed at enhancing protective capacities)?

The following definitions and examples are not to be applied as a checklist, but rather provide a framework in which to consider and understand how to direct CPS services to reduce or eliminate threats to child safety by enhancing parent/caregiver protective capacities.

Parent/Caregiver Protective Capacities

Behavioral Protective Capacities	*Cognitive Protective Capacities*	*Emotional Protective Capacities*
• Has a history of protecting • Takes action. • Demonstrates impulse control. • Is physically able. • Has and demonstrates adequate skill to fulfill	• Plans and articulates a plan to protect the child. • Is aligned with the child. • Has adequate knowledge to fulfill care giving responsibilities and tasks. • Is reality oriented;	• Is able to meet own emotional needs. • Is emotionally able to intervene to protect the child. • Is resilient as a caregiver. • Is tolerant as a

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caregiving responsibilities. • Possesses adequate energy. • Sets aside her/his needs in favor of a child. • Is adaptive as a caregiver. • Is assertive as a caregiver • Uses resources necessary to meet the child's basic needs. • Supports the child.	perceives reality accurately. • Has an accurate perception of the child. • Understands his/her protective role. • Is self-aware as a caregiver.	caregiver. • Displays concern for the child and the child's experience and is intent on emotionally protecting the child. • Has a strong bond with the child and is clear that the number one priority is the well-being of the child. • Expresses love, empathy and sensitivity toward the child; experiences specific empathy with the child's perspective and feelings.

Definitions and Examples

Behavioral Protective Capacities

The caregiver has a history of protecting
This refers to a person with many experiences and events in which they have demonstrated clear and reportable evidence of having been protective.

- People who have protected their children in demonstrative ways by separating them from danger; seeking assistance from others; or similar clear evidence.
- Caregivers and other reliable people who can describe various events and experiences where protectiveness was evident.

The caregiver takes action.
This refers to a person who is action-oriented in all aspects of their life.

- People who proceed with a positive course of action in resolving issues.
- People who take necessary steps to complete tasks.

The caregiver demonstrates impulse control.
This refers to a person who is deliberate and careful; who acts in managed and self-controlled ways.

- People who think about consequences and act accordingly.
- People who are able to plan.

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The caregiver is physically able and has adequate energy.
This refers to people who are sufficiently healthy, mobile and strong.

- People with physical abilities to effectively deal with dangers like fires or physical threats.
- People who have the personal sustenance necessary to be ready and on the job of being protective.

The caregiver has/demonstrates adequate skill to fulfill responsibilities.
This refers to the possession and use of skills that are related to being protective as a caregiver.

- People who can care for, feed, supervise, etc. their children according to their basic needs.
- People who can handle and manage their caregiving responsibilities.

The caregiver sets aside her/his needs in favor of a child.
This refers to people who can delay gratifying their own needs, who accept their children's needs as a priority over their own.

- People who do for themselves after they've done for their children.
- People who seek ways to satisfy their children's needs as the priority.

The caregiver is adaptive as a caregiver.
This refers to people who adjust and make the best of whatever caregiving situation occurs.

- People who are flexible and adjustable.
- People who accept things and can be creative about caregiving resulting in positive solutions.

The caregiver is assertive as a caregiver.
This refers to being positive and persistent.

- People who advocate for their child.
- People who are self-confident and self-assured.

The caregiver uses resources necessary to meet the child's basic needs.
This refers to knowing what is needed, getting it, and using it to keep a child safe.

- People who use community public and private organizations.
- People who will call on police or access the courts to help them.

The caregiver supports the child.
This refers to actual and observable acts of sustaining, encouraging, and maintaining a child's psychological, physical and social well-being.

- People who spend considerable time with a child and respond to them in a positive manner.
- People who demonstrate actions that assure that their child is encouraged and reassured.

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Cognitive Protective Capacities

The caregiver plans and articulates a plan to protect the child.
This refers to the thinking ability that is evidenced in a reasonable, well thought out plan.

- People who are realistic in their idea and arrangements about what is needed to protect a child.
- People whose awareness of the plan is best illustrated by their ability to explain it and reason out why it is sufficient.

The caregiver is aligned with the child.
This refers to a mental state or an identity with a child.

- People who think that they are highly connected to a child and therefore responsible for a child's well-being and safety.
- People who consider their relationship with a child as the highest priority.

The caregiver has adequate knowledge to fulfill caregiving responsibilities and tasks.
This refers to information and personal knowledge that is specific to caregiving that is associated with protection.

- People who have information related to what is needed to keep a child safe.
- People who know how to provide basic care which assures that children are safe.

The caregiver is reality oriented; perceives reality accurately.
This refers to mental awareness and accuracy about one's surroundings; correct perceptions of what is happening; and the viability and appropriateness of responses to what is real and factual.

- People who describe life circumstances accurately and operate in realistic ways.
- People who alert to, recognize, and respond to threatening situations and people.

The caregiver has accurate perceptions of the child.
This refers to seeing and understanding a child's capabilities, needs, and limitations correctly.

- People who recognize the child's needs, strengths, and limitations. People who can explain what a child requires, generally, for protection and why.
- People who are accepting and understanding of the capabilities of a child.

The caregiver understands his/her protective role.
This refers to awareness…..knowing there are certain responsibilities and obligations that are specific to protecting a child.

- People who value and believe it is her/his primary responsibility to protect the child.
- People who can explain what the "protective role" means and involves and why it is so important.

The caregiver is self-aware.
This refers to a caregiver's sensitivity to one's thinking and actions and their effects on others – on a child.

- People who understand the cause – effect relationship between their own actions and results for their children.
- People who understand that their role as a parent/caregiver is unique and requires specific responses for their children.

Emotional Protective Capacities

The caregiver is able to meet own emotional needs.
This refers to satisfying how one feels in reasonable, appropriate ways that are not dependent on or take advantage of others, in particular, children.

- People who use reasonable, appropriate, and mature/adult-like ways of satisfying their feelings and emotional needs.

The caregiver is emotionally able to intervene to protect the child.
This refers to mental health, emotional energy, and emotional stability.

- People who are doing well enough emotionally that their needs and feelings don't immobilize them or reduce their ability to act promptly and appropriately with respect to protectiveness.

The caregiver is resilient
This refers to responsiveness and being able and ready to act promptly as a caregiver.

- People who recover quickly from set backs or being upset.
- People who are effective at coping as a caregiver.

The caregiver is tolerant
This refers to acceptance, understanding, and respect in their caregiver role.

- People who have a big picture attitude, who don't over react to mistakes and accidents.
- People who value how others feel and what they think.

The caregiver displays concern for the child and the child's experience and is intent on emotionally protecting the child.
This refers to a sensitivity to understand and feel some sense of responsibility for a child and what the child is going through in such a manner to compel one to comfort and reassure.

- People who show compassion through sheltering and soothing a child.
- People who calm, pacify, and appease a child.

The caregiver and child have a strong bond and the caregiver is clear that the number one priority is the child.
This refers to a strong attachment that places a child's interest above all else.

- People who act on behalf of a child because of the closeness and identity the person feels for the child.
- People who order their lives according to what is best for their children because of the special connection and attachment that exits between them.

The caregiver expresses love, empathy, and sensitivity toward the child.
This refers to active affection, compassion, warmth, and sympathy.

- People who relate to, can explain, and feel what a child feels, thinks and goes through.

Examples of Demonstrated Protectiveness

Judging whether a caregiver is and will continue to be protective can be accomplished by examining specific attributes of the person as identified in the previous definitions and examples. Confirmation of how those attributes are evidenced in real life demonstration will provide confidence regarding the judgment that a caregiver is and will continue to be protective in relation to threats to child safety. Here are examples of demonstrated protectiveness:

The caregiver has demonstrated the ability to protect the child in the past while under similar or comparable circumstances and family conditions.

The caregiver has made appropriate arrangements which have been confirmed to assure that the child is not left alone with the maltreating person. This may include having another adult present within the home that is aware of the protective concerns and is able to protect the child.

The caregiver can specifically articulate a plan to protect the child.

The caregiver believes the child's story concerning maltreatment or impending danger safety threats and is supportive of the child.

The caregiver is intellectually, emotionally, and physically able to intervene to protect the child.

The caregiver does not have significant individual needs which might affect the safety of the child, such as severe depression, lack of impulse control, medical needs, etc.

The caregiver has adequate resources necessary to meet the child's basic needs which allows for sufficient independence from anyone that might be a threat to the child.

The caregiver is capable of understanding the specific safety threat to the child and the need to protect.

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The caregiver has adequate knowledge and skill to fulfill parenting responsibilities and tasks that might be required related to protecting the child from the safety threat. This may involve considering the caregiver's ability to meet any exceptional needs that a child might have.

The caregiver is cooperating with CPS' safety intervention efforts.

The caregiver is emotionally able to carry out his or her own plan to provide protection and/or to intervene to protect the child; the caregiver is not intimidated by or fearful of whomever might be a threat to the child.

The caregiver displays concern for the child and the child's experience and is intent on emotionally protecting as well as physically protecting the child.

The caregiver and the child have a strong bond and the caregiver is clear that his/her number one priority is the safety of the child.

The non threatening caregiver consistently expresses belief that the threatening caregiver or person is in need of help and that he or she supports the threatening caregiver getting help. This is the non threatening caregiver's point of view without being prompted by CPS.

While the caregiver is having a difficult time believing the threatening caregiver or person would severely harm the child, he or she describes and considers the child as believable and trustworthy.

The caregiver does not place responsibility on the child for problems within the family or for impending danger safety threats that have been identified by CPS.

CHILD PROTECTIVE SERVICES ONGOING STANDARDS

Ongoing Appendix 2

THE ROLE OF THE ONGOING SERVICE WORKER

The responsibilities of the ongoing service worker should include, at a minimum:

Managing child safety. This role includes maintaining a focus on child safety at all points of the case process: assessing child safety; reassessing safety when case circumstances and standards dictate; developing plans to control the threats to child safety; assuring that all participants in those plans (family members, out-of-home care providers, other service providers and informal supports) understand and fulfill their roles appropriately; and assessing child safety in out-of-home care and managing any resulting safety plans. Final decision-making for child safety lies with the ongoing service worker, in consultation with the supervisor.

Managing permanency planning. This role includes maintaining an overall focus on the importance of safe, stable living arrangements for children; establishing an appropriate permanence goal (or goals) for the child which will direct the case; developing and implementing the permanency plan; taking measures to assure that family members and service providers understand the importance of permanence for children, the timeframe for change and the consequences of lack of progress; and participating in all permanency plan reviews.

Establishing a relationship that supports the change process. This role includes planning strategies to engage family members in case planning and goal achievement; establishing, to the extent possible, a partnership with family members to assure child safety and facilitate necessary change; and maintaining a focus on enhancing the quality of the relationship with the family throughout the involvement with the agency.

Facilitating family assessment and engagement. This role includes developing the plan for family assessment; engaging the family in the assessment process and the treatment process to follow; directing any other providers who are conducting evaluations to enhance understanding of the behaviors or conditions contributing to concerns; drawing conclusions that are required for family assessment and engagement and documenting the family assessment process.

Managing the case plan. This role includes engaging the family in decision making and the treatment process; assuring that the case plan reflects the permanency plan, for children in placement; formulating goals; establishing the coordinated service team, for children in out-of-home care and others, as appropriate; identifying appropriate services and providers; monitoring service provision to assure it supports the case plan and is delivered in a manner that is most likely to facilitate change; communicating with all service providers; preparing

family members to utilize services to obtain the desired change and evaluating family progress and plan appropriateness.

Managing the court process. This role includes deciding, with supervisory approval, when court action is necessary; presenting information about the family to the juvenile court intake worker, district attorney or corporation counsel; providing written reports and recommendations to the court; attending and testifying at court hearings; taking action to assure parent(s) are informed about and understand the court process; requesting revisions and extensions, as necessitated by the unique needs of the family; assuring, to the extent possible, that court conditions reflect the current needs of the family; assuring the case plan and court order are consistent; pursuing alternate permanency options for the child, when warranted; and maintaining court documentation.

Managing documentation. This role includes preparing reports for the court and others regarding case activity; assuring that the agency case record is current; assuring that all decisions and the bases for those decisions are documented in the case file; and, for Indian children, documenting tribal notification and participation at all points in the case process. Maintaining all court orders in the child's file is also an essential function of managing documentation.